

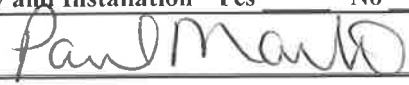
Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380589
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	09/01/2017
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	09/11/2017 Check number 032638

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed: _____
Date: 10/30/2018	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380590
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	10/01/2017
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	10/10/2017 Check number 032795

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed:	Signed: _____
Date: 10/30/2018	Date: _____

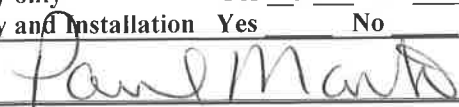
Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380591
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	11/01/2017
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	11/08/2017 Check number 032989

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed:
Date: 10/30/2018	Date:

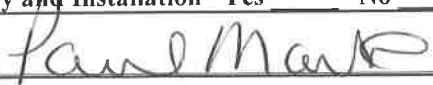
Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380592
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	12/01/2017
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	12/07/2017 Check number 033305

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed: _____
Date: 10/30/2018	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380593
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	01/01/2018
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	01/10/2018 Check number 033507

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for
 Delivery only Yes ☒ X No ☐
 Delivery and Installation Yes ☐ No ☐

Copy of supporting contract must be attached if indicated below

Supporting Contract Required YES ☐ NO ☐

Signed: 

Signed: _____

Date: 10/30/2018

Date: _____

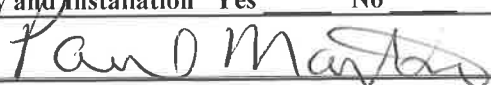
Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380594
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	02/01/2018
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	02/07/2018 Check number 033692

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed: _____
Date: 10/30/2018	Date: _____

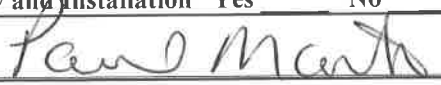
Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380595
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	03/01/2018
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	03/08/2018 Check number 033899

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed: _____
Date: 10/30/2018	Date: _____

Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380596
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	04/01/2018
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	04/10/2018 Check number 034068

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of detailed vendor invoice must be attached. Contract with Service Provider above is for
 Delivery only Yes ☒ No ☐
 Delivery and Installation Yes ☐ No ☐

Copy of supporting contract must be attached if indicated below

Supporting Contract Required YES ☐ NO ☐

Signed: 

Signed:

Date: 10/30/2018

Date:


Service Certification for SLD Invoices

SLD Invoice Number	2876459
Invoice Line Number	9380597
Service Provider Name	Affiniti, LLC
Service Provider SPIN	143037344
Service Provider Invoice #	Affiniti
Undiscounted Invoice Amount	\$1,467.50
Discounted Invoice Amount	\$293.50

Applicant Name	COLEMAN INDEP SCHOOL DISTRICT
Representative / Contact Name	Paul Martin
Representative / Contact Title	Technology Director
Representative / Contact Phone	325-625-3575 Ex. 413
Billed Entity Number (BEN)	141157
471 Number	171039790
FRN	1799089884
Date Goods/Services Delivered	05/01/2018
Date Goods/Services were or will be Installed	
Date Applicant Portion Paid and Check No. or Date will be Paid	06/06/2018 Check number 031349

This is to certify that I am authorized to represent the above named Applicant. This is also to certify the services described on the attached vendor invoice were delivered and/or installed as indicated by the date(s) above.

Or The charges represented by the above represented invoice are deposits or up-front charges for services, which have not been delivered, and have been agreed to based on the contract between the above referenced Applicant and Service Provider

Copy of <u>detailed</u> vendor invoice must be attached. Contract with Service Provider above is for Delivery only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Delivery and Installation Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of <u>supporting contract</u> must be attached if indicated below Supporting Contract Required YES <input type="checkbox"/> NO <input type="checkbox"/>
Signed: 	Signed:
Date: 10/30/2018	Date:

